

ANNUAL REPORT

TO THE

BOARD OF TRUSTEES

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR


1839.

BOSTON:

JOHN H. EASTBURN, PRINTER,

No. 18 State Street.

1840.



Digitized by the Internet Archive
in 2019 with funding from

This project is made possible by a grant from the Institute of Museum and Library Services as administered by the Pennsylvania Department of Education through the Office of Commonwealth Libraries

R E P O R T .

THE Committee of the Trustees of the Massachusetts General Hospital, appointed to prepare a written report on the Treasurer's account, and upon the general state of the Institution, to be laid before the corporation, respectfully report, "That they have examined the Treasurer's account, and the statement of property in his hands, and the vouchers and evidences thereof, and believe them to be correct.

The annual statistics of the two departments, as prepared by the acting Superintendent of the Hospital and the Steward of the Asylum, and the report of Dr. Bell, Physician and Superintendent of the McLean Asylum, are also herewith submitted.

During the last year, it has been our painful duty to record the death of Dr. Gamaliel Bradford, a man equally remarkable for strict integrity of purpose, and great independence of judgment.

Since his loss, the board have taken measures to secure the services of Capt. Charles Sumner, as Superintendent of the Hospital. Fortunately the Trustees had a choice among several gentlemen highly recommended and well qualified to fill this office. Capt. Sumner intends, on the first of April, to move to the Hospital with his family, and enter on the duties of his office. Dr. Benjamin F. Parker, in the meantime, kindly and ably fills the office of Superintendent, and Mrs. Bradford continues for the present, her valuable though unostentatious services, which have heretofore contributed so much to the success of the establishment.

The number of patients admitted at the Hospital in this city last year, was less than usual, and we are happy to add the proportion of deaths to the whole number of cases, was also less than common.

Total number of patients admitted at the Hospital in this city 369, of whom 195 have paid for their board, 38 more have paid a part of the time, and 136 have not paid. 81 patients have been refused admittance from the want of free beds.

The design of this Hospital is different from that of many others, inasmuch as it is intended as a retreat in sickness for those who can and do pay their own board; as well as for those, whom sickness or accidents may have deprived of the means of doing so. And it is the wish and intention of the Trustees that all the patients should be treated, not only with all due kindness, but also with as much consideration as they could expect if the institution depended solely on the patronage of its patients for support.

The founders of the Hospital, several of whom are still members of the corporation, have obtained grounds and erected buildings, fully sufficient for our present wants, and have left but little more to be done in this way for many years to come.

But we must depend upon the liberality of the public to supply a part of the means necessary to defray the daily expenses of the institution. The very liberal manner in which this institution has been endowed, and the ability with which it has been conducted, have to a great extent removed the prejudice which at first existed against entering the Hospital as a patient. This prejudice regarded it as a poor-house under a new name. While this prejudice remained, the institution would fail in its highest aim, that of affording relief to the high-minded, independent, useful citizen, who would be unwilling to obtain the cure of bodily pain and sickness, at the expense of social degradation. To restore to health such as these, is one of the highest objects of the institution, and before you could administer to them, you must remove their prejudices against entering

the Hospital as patients. This is already to a great extent accomplished. A large part of the community now understand, that if from any cause they cannot be taken care of in the bosoms of their own families, there is no other situation, where they can more respectably, comfortably, and economically place themselves than in your Hospital. The very liberal and substantial manner in which this Hospital was founded, will also enable the Trustees to apply economically any funds which may be placed in their hands for the benefit of the poorer patients.

In this connection, we cannot refrain from returning thanks to the eminent members of the Medical Faculty in this city, who have by turns gratuitously devoted so much of their time and talents to this Hospital.

In making our report on the general condition of the McLean Asylum, to gentlemen familiar with it in past years, we need only say that it continues to improve.

It would be difficult to find language that would imply greater praise to those who have the care of it.

On the first of January, 1839, there were in the Asylum - - - - - 93 patients.
 Received during the year, - - - - - 132 "

 225 "

Discharged during the year.

Recovered, - - - - -	69	"
Improved, - - - - -	22	"
Not improved, - - - - -	16	"
Dead, - - - - -	10	"

	117	"
Leaving in the house to last day December,	108	"

The expense for each patient, including stores, fuel, salaries, wages, medicine, furniture, ordinary repairs, diversions, stationary and contingencies, is only \$3 42 per week. We are much pleased to add that the board received from the patients has defrayed the current expenses of the Asylum.

The accommodations for patients have been much enlarged at a comparatively trifling expense.

For further interesting particulars we would refer you to the report of the Physician and Steward, which cannot be well condensed.

It will be perceived, on reference to the Treasurer's account, that the receipts of the General Hospital, for the past year, are as follows, viz :

Dividends on various Stocks,	- - -	5,687 50
Rent of Store in Washington Street and Tax,		759 75
Received of Massachusetts Hospital Life Insurance Company,	- - - -	5,000 00
Received from the Steward of the McLean Asylum,	- - - - -	3,000 00
Received from Miss E. S. and R. Waldo,	-	100 00
“ “ J. D. Williams, Esq.	- -	100 00
“ “ John Parker, Esq.	- -	100 00
“ “ Mrs. Hannah Joy,	- -	100 00
“ “ Hon. Charles Jackson,	- -	100 00
“ “ P. T. Jackson, Esq.	- -	100 00
“ “ Mrs. Elizabeth Salisbury,	-	100 00
“ “ Daniel Waldo, Esq.	- -	100 00
“ “ Martin Brimmer, Esq.	- -	100 00
“ “ John P. Cushing, Esq.	- -	200 00
“ “ William Appleton, Esq.	-	100 00
“ “ Humane Society,	- -	300 00
“ “ Signior L. G. Ferreira,	-	100 00
“ “ Rejoice Newton, account of leg- acy from Osiah Thomas,	-	72 00
“ “ Amos Lawrence, Esq.	- -	100 00
“ “ Theodore Lyman, Esq.	- -	100 00

Received from Mr. R. Haskins, on account of board of J. Haskins, - -	100 00
	<hr/>
	16,419 25
Add balance on hand at beginning of the year,	5,032 10
	<hr/>
	\$21,451 35

The Expenditures per Treasurer's Account.

For Salaries of Officers of the Hospital, -	1,050 00
" Expenses of the Hospital, - - -	9,450 00
" Salaries of Officers of McLean Asylum, -	2,706 94
" Expenses of the McLean Asylum, -	0,000 00
" Two years salary of William Gray, Esq., as Clerk and Auditor, - - -	400 00
" Water from Boston Aqueduct, - -	171 67
" Note taken up by the Treasurer, - -	4,000 00
" Interest on sundry Notes, - - -	3,010 75
" Tax Bill, - - - - -	84 75
" Sundries, - - - - -	95 00
" Cash on hand, - - - - -	482 24
	<hr/>
	\$21,451 35

ROBERT G. SHAW, }
FRANCIS C. LOWELL, } *Committee.*

TWENTY-SECOND ANNUAL REPORT

*Of the Physician and Superintendent of the McLean
Asylum for the Insane, to the Trustees of the Massa-
chusetts General Hospital.*

	Males.	Females.	Total.
The whole number of patients remaining in the house at the commencement of the year 1839, was - - - -	58	35	93
Received during the year ending Dec. 31,	70	62	132
	<hr/> 128	<hr/> 97	<hr/> 225

There have been discharged during the same period.

	Males.	Females.	Total.
Recovered, - - - - -	41	28	90
Much improved, - - - - -	6	5	11
Improved, - - - - -	5	6	11
Not improved, - - - - -	8	5	13
Unfit, - - - - -	2	1	3
Dead, - - - - -	4	6	10
	<hr/> 66	<hr/> 51	<hr/> 117

Leaving in the house on the last day of the
year, - - - - - 62 46 108

To enable a comparison to be made of the operations of the institution during this and previous years, an abstract from the four previous reports is here presented, making with the present, a recapitulation of the statistics for a term of five years.

Year.	No. admitted.	No. discharged.	Eloped.	Died.	Not improved.	Improved.	Much improved.	Recovered.	Remaining.
1835	83	84	0	11	7	11	9	45	77
1836	106	112	0	10	24	5	9	64	71
1837	120	105	0	8	8	4	10	72	86
1838	138	131	0	12	13	7	23	74	93
1839	132	117	0	10	13	11	11	69	108

The ratio of recoveries and deaths in those discharged, and of deaths in the whole number of those under the care of the Asylum, is as follows.

Year.	Per cent of recoveries.	Per cent of deaths of discharged.	Per cent of deaths of all under care.
1835	53.5	13.	6.1
1836	57.1	8.9	5.5
1837	68.6	7.6	4.2
1838	56.4	9.1	5.4
1839	59.	8.5	4.4

During the first five years of the Asylum, viz. from 1819 to 1823, the recoveries were in 100 28.5 deaths 6.9
 Second five years 1824—28 “ 43.3 deaths 10.
 Third five years 1829—33 “ 40. deaths 10.2
 Last five years 1834—39* “ 58.9 deaths 9.3

The year just closed has been one of almost unmingled satisfaction to the direction of the Institution. Hardly a circumstance has occurred to mar in the slightest degree the pleasure of feeling that the designs of the establishment were adequately carried out, and that as great an amount of

*There has recently been published a pamphlet entitled “A visit to thirteen Institutions for the Insane in Europe,” by Pliny Earl, M. D., of Philadelphia, from which the following interesting statistics are extracted.

	Whole number of cases.	Per centage of cures.	Per centage of deaths.
1 Middlesex Co. Lunatic Asylum, (returns not given.)			
2 Asylum West Riding of York, - - -	2242	44.2	31.6
3 Retreat, near York, - - -	508	46.5	22.2
4 York Lunatic Asylum, - - -	1234	36.	20.
5 Asylum at Amsterdam, - - -	163	34.7	40.
6 Asylum at Utrecht, - - -	255	40.7	21.5
7 Asylum at Antwerp, (statistics not given.)			
8 La Salpêtrière at Paris, - - -	1500	33.3	13.3
9 La Bicêtre, average annual number, -	1120	8.	16.6
10 Asylum at Charenton, - - -	1557	34.7	32.8
Rejected epileptics, paralysis, idiots, -	1205	44.1	26.6
11 Asylum at Malta, }			
12 “ at Venice, } statistics not given.			
13 “ at Milan, }			

good to society was daily accomplished through the abundant, unrestricted means here provided, as our benevolent founders could ever have anticipated. The only exception to this remark, is in the prevalence of typhoid fever, interfering considerably with our ordinary operations during the months of September and October, which seemed to be introduced by a female patient received from the city, in whom the delirium of fever was mistaken for insanity. Eight cases occurred among the officers and assistants of the Institution, but no case among our patients. The assistant physician, matron, female supervisor, and several female attendants, were prostrated at the same time, but by the blessing of Providence, no death has occurred among us.

I can again remark that no great change has occurred in the general system of moral and medicinal treatment pursued since the charge of the Institution devolved upon me. Throughout the civilized world the great principles of moral management are probably nearly the same in public institutions of the first class, differing in their detail, extent and success, according to the capacity, energy and tact of those entrusted with management, and the completeness of the means put into their hands.

The value of properly adapted architectural arrangements, of a complete classification of patients, of a numerous, well educated, morally elevated, and well compensated class of assistants, of well directed and perseveringly applied employments of mechanical and agricultural labor, of such amusements and exercises of mind and body as experience proves best adapted to occupy and divert the diseased intellectual functions and moral susceptibilities, and lastly, such an intercommunication with the sane in social intercourse, public and private devotion, and in the lighter and gayer reunions of life as the peculiarities of each case demand, must be felt and acknowledged whenever the insane are intrusted to the care of the refined, the well informed and the conscientious. Beyond the judicious, energetic and experienced application of such moral appliances as these, and an adequate medical treatment, there is and can be no

magic or mystery in ministering to the mind diseased. The extraordinary proportion of recoveries in this Institution for several years past, is based on the fact that since the movements of the Commonwealth to provide for the pauper insane were felt, our community is well advised of the importance of early subjection to the treatment of a proper Asylum, and it is probable that almost every case occurring with decided manifestations in every grade of social position, is promptly submitted to treatment in one of our public institutions. Formerly among those of a particular walk in society, many expedients were resorted to, such as sending the sufferer to travel, or on a sea voyage, boarding him with some medical or other person in the country and the like, which attempts were too apt to absorb the curable stage of disease, and when the experiments were completed, the patient as a last resort, was sent here to linger out as an incurable, his sacrificed existence.

The example of the most elevated families in the Commonwealth, in throwing aside any prejudices against a public institution, and submitting their afflicted charge to the aids here so liberally provided, has had a most favorable influence on the general character and results of our labors. The generous confidence of the medical faculty of this community, has been also extended to us in a manner calculated to influence favorably the reputation of the Asylum, and consequently its capability of benefitting the public. In no respect has the present head of the institution felt more intensely the responsibility of his situation, or the favorable judgment of the community, than in the entrusting to our care many of the most cultivated and exalted minds, through the advice and co-operation of those of the medical profession, whose confidence is so honorable. It shall be his endeavor not to forfeit so valued a testimony that our Asylum is not failing in the objects for which it was established.

It is well known to your board that during the past year, the institution has been occupied nearly to the utmost extent of its facilities of accommodation, and most complete

treatment of its inmates. As yet however, in accordance with the resolution to refuse no applications of any description so long as any room remained which could be appropriated, we have succeeded in receiving all applicants, by having a portion of the males sleep in the small and not essentially necessary galleries of their wing. The additional eight or ten rooms, prepared for occupation early in the season by finishing off the space under the dome, were in fact all anticipated for the use of the patients already received.

The average of patients for several months past, has been about 110 to 115: the previous year about 90, and in 1837, about 80, showing an annual increase of some ten per cent. Hence notwithstanding the opening of the new Institution in South Boston, and that in Maine, both of which may be expected to have some influence on our numbers, yet it is reasonable to expect that henceforward our accommodations will not be equal to the number of applications, especially as a certain proportion of cases received will always be desirous of continuing as permanent boarders, when recovery is hopeless. In this contingency, the difficult question is presented for your consideration, as to what course can best be pursued to enable us to do the most full justice and the greatest amount of good, to those for whose benefit the Institution was founded. Three years since, the question was answered by the erection of the beautiful edifice, known as the Belknap Ward—last year the difficulty was partly relieved by the occupancy of the new gallery and rooms in the fourth story of the left wing, and I had prepared some months since a plan of alterations, by which the separate building originally designed for a class of lodge patients and altered into a carpenter's shop (when experience had proved that it could be dispensed with, as regards the painful design for which it was constructed) might be converted into rooms and galleries for the most noisy and difficult class of patients. On reflection, I concluded to defer its presentation to your board for sanction, as it appeared to me that the present emergency required a wider view of the pros-

pects of the Asylum than could be met by any scheme of adding not more than eight or ten additional rooms, as we have before done, in these small and not altogether convenient appendages to our accommodations.

Is it in fact, expedient to think of having the average number of inmates more than about its present number? In Institutions like those designed for the pauper and other insane of a State, where the great proportion of the inmates are received merely for comfortable and economical custody, and amelioration, there need be no particular limitation of the number to which adequate justice can be done. The limit of the number in a single Institution is fixed in my estimation by the number of *recent and curable cases*. The best moral treatment can be most successfully applied to only such a number as the Director of the Institution can himself know thoroughly and intimately. For the more routinal class of incurables, received for custody only, after the individual peculiarities in each case are developed and understood, much of the management can be confided to the assistants, but to the active, curable cases it should be in the power of the Superintendent to devote as much of his time as will give him a minute knowledge of the mental habits, diseased impressions and physical condition of each individual, and to acquire as far as may be, their confidence and regard. In this Asylum the proportion of recent and curable cases to the whole number of inmates, will always necessarily be very large proportionably; as is manifest from the single fact that this class of cases as drawn from the report of recoveries has been, for the last five years, greater at this Institution with an average of about eighty patients, than at the State Lunatic Hospital, with a population of over two hundred.

In an Asylum partaking as much of a private character as this does, the amount of calls upon the Director's time to answer anxious friends making applications and inquiries, averaging with us the visits of from twenty to forty persons per day, according to the season, will always be no slight drawback upon the hours he can devote to the duties with-

in the wards. Let a due allowance be made for this and a just one for the public and private duties of his situation, and it will be manifest that dividing the hours of the day amongst a greater number than we now have of the class of cases referred to, will leave a small modicum for the thorough acquaintance with the peculiarities of each. Without wishing to establish himself as a standard for the moral and physical energies of others, the present Superintendent is satisfied that with uninterrupted health, an entire freedom from all personal care, and with all the aid that could be desired of experienced, capable, and conscientious assistants, in every department, any increase of numbers must involve an inability to do them the greatest amount of good, so far as dependent on him. He therefore feels bound to offer his opinion against any further enlargement or extension of the buildings at the present time.

The next inquiry is as to the principles upon which the number of patients shall be kept down to about the present state, that is, to the complement of the accommodations. The various modes of accomplishing this result which have occurred to my mind and some of the objections to the proposed plans are the following.

1st. To be governed in receiving or declining a patient by the existing fulness or room in the house at the time of making the application, without regarding anything beyond this circumstance. The strong objection to this plan is, that the claims of applicants, decided by the amount of benefit to be conferred on them or their friends are so widely different, that many of those cases most emphatically saved by the aid of an institution might be rejected, while those to whom and to whose friends the slightest advantages could accrue, might be preferred.

2d. Shall we discriminate in our question of admission as to the point whether the applicant is a subject probably within the reach of curative measures, and if a fair prospect of restoration is not believed to exist, that his acceptance should be declined? As to the class of old cases now in the house, many of which have been here almost from the open-

ing of the Asylum, the expediency of dismissing some of them has frequently been before your board. In almost every case there have been some reasons of almost an imperative character to prevent their discharge. Perhaps they have been so long and so comfortably domiciled here, that the effect of removing them and breaking up their long established associations, habits and attachments, would with certainty cruelly diminish their little sum of happiness in a world to them so full of woes. In respect to others, when the inquiry occurs as to what will become of them when discharged, the only answer seems to be, that they must return to the usual condition of insane people without a proper institution; that very condition which the benevolent founders of the Asylum in establishing it, had particularly in their minds to counteract.

The State Lunatic Hospital, according to the laws, being called upon to receive only those "so furiously mad as to be dangerous to be at large," could not of course receive the demented and harmless who constitute the great body of our permanent residents. To dismiss them would be to add misery to them and an intolerable burthen to their friends.

Again to refuse all but promising cases would be at once to throw aside one of the great designs of the founders of the Hospital, which was not more the cure than the amelioration of patients, and the relief and protection of families and friends. Often the amount of good, extended, widely felt good, afforded by the safe keeping and ameliorated condition of an insane person to his friends is greater than that of an ordinary case of recovery. If a hopeless case, not of the dangerous description required by law for admission to the State Hospital, cannot be received here, where else shall a refuge be found? A recent, furious case, can be sent by legal process to the State Institution, but for one not dangerous, however troublesome or miserable, there is no alternative but confinement in a private house under the care of suffering friends, or irresponsible, uninspected guardians. From these circumstances, it is manifest that

we could not bar our doors against such cases, especially under certain circumstances, without great regret.

3d. Shall the weekly rate of expense be so enhanced as necessarily to exclude a certain proportion of our applications?

This is the only institution in this section of the country, especially designed in its advantages for that class of the community above the average as regards the possession of this world's goods. There is a great and annually increasing preparation in progress in the States around us for the care and cure of lunatics of reduced circumstances or without means. In this Commonwealth the two extensive establishments before referred to at Worcester and South Boston are adequate certainly to prevent any urgent case of insanity within our limits, however destitute of friends or means, from suffering under the wants of the best aids known. It is not unreasonable that one Institution in all New England should be designed for the reception of those whose pecuniary ability justifies their enjoying not only the necessaries and comforts, but the luxuries and superfluities of life to which they may have been accustomed. There surely would be nothing unjust in this. To the polished and cultivated it is due as much to separate them from the coarse and the degraded, as to administer to them in other respects.

The great obstacle to the adoption of any such principle of selection as this is, that unfortunately in our own changing community, alienation of mind is frequently connected even among the most polished and interesting with poverty, and by discriminations in our admissions by a consideration of the ability to recompense the Institution for a superior class of accommodations, the object desired would not always or perhaps generally be attained. If such a selection could be determined upon any other plan than that of ability to pay, it would certainly be desirable, as far as the perfection of the Institution is concerned, but this seems impracticable beyond what is now accomplished by the several Institutions. As far as one change in the terms of our covenant

with the friends of the patients is concerned, I apprehend it could be made with advantage to both parties. I refer to the clause in the contract preventing the removal of the patient, while uncured, and without the consent of the Superintendent, until the expiration of three months, except by paying the board for that entire term. Instead of being limited to three, this stipulation might be extended to six months. The Board are too often painfully reminded, in the course of their services as committees of visiting, of the consequences of the injudicious, vacillating and presumptuous course of friends in removing patients just at this point when recovery would be rendered certain by perseverance, and is frustrated by premature removal, and the Institution subjected to discredit, and absolute injury by a return of such patients after relapse, to recommenced treatment.

In the early years of the Institution, before it was had in that general knowledge that it now is, it might have been thought unreasonable that the friends should have been required to keep the patient so long a term as six months, if the Institution did not judge it expedient sooner to discharge them. At this time it is confidently believed that the entire justice of such a stipulation, especially as regards cases over a certain standing, would not be doubted, in fact, such an honorary understanding is always acceded to by friends now, as in every old case we urge them not to commit a patient to our care unless they have determined upon a fair trial of six months, if so long a period is necessary. Unfortunately this virtual agreement does not always have that abiding impression, that it would have had if incorporated in the body of the bond. If a proportional share of good could be obtained in deranged minds, as in some diseases with each month of residence, there would be no grounds for complaining of friends in regard to the limit of improvement at which they might see fit to be satisfied. But it is not so, generally ; all is gained or nothing, and little benefit is conferred beyond mere custody, unless all is realized. It is better therefore that nothing be undertaken unless it is determined to persevere to the end. In this

Commonwealth, if friends do not feel able so to engage, the law and society are ready to do so. It is however but just to state that during the past year our disappointments from the premature removal of patients have been very slight, as contrasted with previous years.

4. Shall our admissions be restricted to residents of this Commonwealth?

The citizens of Massachusetts have done far more than any other State in the Union for the Insane, having at the present time in full employment the most ample accommodations, for about five hundred and fifty patients. This community has been (in the establishment of our Asylum at the cost of over a quarter of a million dollars,) the pioneer in the great and benevolent work of making a general provision for the insane, and the experience of this Institution, is freely, and cheerfully communicated to all engaged in like undertakings. In almost every Institution established of late years it is believed that the results of the labours and experiments of this Asylum, often expensive and vexatious before being thoroughly completed and proved, are now freely enjoyed in common with the source from which they were gladly communicated. It is not only, in the merely architectural arrangements and household contrivances and conveniences that this has been a type, but also in the successful introduction of some of the now universally approved modes of moral treatment it has conferred a lasting obligation upon succeeding institutions. The experiment of mechanical labour was here first introduced, and the safety, expediency and immense utility of putting tools into the hands of patients, entirely and satisfactorily decided. It was here too that the idea of having the great body of the inmates attend the services of public worship, as well as of daily devotion was first (as far as this country at least is concerned) happily verified. Both of these justly esteemed items of moral treatment, together with others of minor importance have been widely introduced elsewhere, and will eventually be deemed indispensable in the means of such Institutions.

A view of these benefits which have spread so far and wide from this fountain, will need no defence to any charge of illiberality in any regulation confining the admission to citizens of the Commonwealth, or in giving them the preference when a choice must be made.

It is possible that during the ensuing year, as in the past, it may not be necessary to reject any applications. The time however seems to be arrived when the subject of future enlargement of the accommodations, or of some restrictive measures in regard to admissions should be kept in view, and with these remarks the matter is left to the action of the Board at such time as they shall deem it expedient.

In my last annual report the expectation was indulged of issuing a supplementary document containing a general historical and statistical account of the first twenty years of this department of the Massachusetts General Hospital. On aggregating a portion of these statistics, a work of immense labour, it was found the changes in the rules of admission and detention in the early years of the Institution, when the accommodations were so limited as to render a discrimination necessary, were so considerable, as to forbid any approximation to that accuracy which alone would give value to such statistics as bearing on general results. The single change of adopting the rule requiring the stay of patients at least three months, as an illustration, probably varied the proportion of recoveries a hundred per cent. The accidental discovery of a mass of former reports, regulations and other documents at the Hospital in Boston did away with our principal reason for the proposed general view, that of having the means at hand to satisfy the inquiries of persons applying for the admission of patients or otherwise interested in a particular detail of the means and results of treatment. At some future period the labor may be resumed.

I cannot however, for our own convenience allow the present opportunity to pass without presenting a brief view of the internal economy of the Asylum, although it will be little beyond a recapitulation of what has been heretofore presented.

Notwithstanding the deep interest which for the few years past has been manifested and the information which has been published in relation to Asylums for the Insane, it is still certain, as we have almost daily occasion to know, that this acquaintance is as yet so little general, that most families on the occurrence of derangement in one of their number have a very limited and confused idea of the means of cure and custody resorted to to restore health, or the circumstances affecting the prospects of a recovery. It is fortunate as our experience shows that this ignorance does not now extend in any great degree as to the importance of early subjection to treatment, which is perhaps owing to the general acquaintance of the Medical profession with the comparative results of recent and old cases in our Institutions.

On the admission of a patient (the requisite forms for securing which, will be added as an appendix to this report,) our first care is to have the accompanying friends communicate to the individual in our presence, if this has not been previously done as it should be, where he is, that he is brought here as a deranged person, that his stay will depend on the judgment of the physician as to his recovery, and he is made to understand that the extent of his privileges will necessarily be dependant on his ability to comply with the rules, and to control himself, and that the more he obtains the confidence of those under whose care he is, the less will be the necessity of any restrictive measures, and the wider will be his power of directing his own movements. However well he may appear or however incoherent, this communication is substantially made to him and no false representations are permitted from this time henceforward in our intercourse with him. If he is bound, his straight waistcoat or other restraining apparatus is removed, and he is made sensible that if he conducts himself so as to avoid the necessity of any restraint that he will be treated accordingly.

His person and clothing are then put in entire order and even unusual pains in this particular are often abundantly repaid by the self-respect and self-control which he exerts

when he finds that he is treated with respect and attention. The manner of address to him is always such as shews him that we consider him capable of conducting like a gentleman, and shall be surprised if he does not. He is usually placed at first in an intermediate gallery between the highest and the lowest, introduced to his fellow patients and the attendant who is to have the immediate care of him.

The construction of the Asylum is such as admits a more entire and favorable classification of patients than of any institution of which I have seen the plans or the interior. We can so distribute our inmates as to make more than a dozen distinct separate families of each sex as wholly divided and removed from each other as can be desired. These families or classes have their proper setting rooms, sleeping and dining apartments, bathing rooms, &c., and meet each other only, as far as is approved, at prayers, certain kinds of employments, sometimes at reunions and amusements when it is deemed expedient. In each successive grade the indulgencies and privileges, as regards society, furniture, books, care of their own clothing, and in fact anything evincing confidence in their improvement and character, are correspondingly augmented so as to render a successful endeavor to act rationally and properly, sure to be rewarded in a way which is felt and acknowledged. The importance of classification cannot be overrated. It is the successful use of the means put into our hands in the extensive architectural arrangements here provided that has enabled us to dispense almost entirely with restraining measures or even rigid confinement, as evinced in the fact that our lodge or strong rooms are not called into use more than three or four times during the year; that not one per cent. of our whole number is on an average under any constraint, even that of confining the hands with the mittens, and that we rarely have a patient who does not set at table with the others and eat with knife and fork. There are, it is true, certain cases where the mind is so frenzied and chaotic that the individual is reckless and unconscious of what he does; here the provision of a suitable lodge room

with stone floor warmed by steam or hot air below, without glass or moveable furniture is the best and kindest appliance, which can be adopted for a few days until medical and soothing treatment can place the sufferer in a condition to be operated upon by moral means. We never have had occasion since the Institution has been under my care to use strong rooms as places of permanent detention, a few weeks being the extent of time which they ever have been occupied by a single person. If there are patients so uniformly and permanently furiously excited or irremediably filthy, as to require constant confinement in lodges, they have not yet fallen within my experience.

I have remarked that the patient on his reception was put under the immediate and constant care of an attendant. The importance of securing the services of an elevated, respectable and cultivated class of persons for the responsible duty of attending upon the insane, was early recognised in this Institution and it always has been deemed an object to obtain which, no trouble or cost was to be spared. We have never been obliged to feel the want, which most writers on Insanity and many institutions so feelingly deplore, of a proper kind of assistants. There are in the interior of New England a class of young men and women of respectable families, adequate education, and refined moral feeling, who are willing to devote themselves for a few years to this calling, under the encouragement which is offered them of a fair pecuniary recompense, and what is a still higher inducement, that of knowing that their services are deemed of a highly respectable character. We never employ those in whom we would not place implicit confidence.

The attendant exercises his tact in acquiring an ascendancy over the respect and regard of his charge. If he has the mild dignity of character which avoids alike distant and chilly repulsiveness and undue familiarity, he will soon lead the sufferer to look upon him as a friend and companion and not as a servant or task master. The attendant under the direction of the supervisor or officer who has the immediate superintendence of the entire patients of

one sex, will by constant and patient care inculcate habits of personal neatness; he will cheer the desponding, check the noisy or the petulant, turn the thoughts of those occupied in insane illusions into a new channel; walk, ride, engage in amusements, and employments, with them. In fact from morning to night it is our endeavour that the patient should have as few moments to himself as possible, to sit down and brood over melancholy and distorted ideas, or to steal aside to indulge in mischievous and perverse habits.

The facilities for keeping every moment occupied are various. A farm, a highly cultivated garden, a nursery of fruit and ornamental trees; a carpenter's shop, a more detailed account of which will be presently given, the sawing, splitting, and piling of wood, a bowling alley, a billiard table for each sex, chess, cards, draughts, newspapers, drawing and surveying materials, a well adapted library, five or six horses and carriages, musical instruments and other modes of labour or amusement which particular tastes may dictate.

The extent of indulgence of liberty varies with the character and degree of disease from the restricted walk in the courtyard, by the side of an intendant to a visit on parole to the lecture rooms or public meetings of the city with unlimited confidence. The general number of attendants is about one to every four or five patients, independent of particular cases, when from a suicidal propensity or other adequate cause, the whole services of an attendant are devoted to a single person.

This number of assistants admits of very great liberty of movement to be given, and many places and scenes of interest, with which this region is covered, gives scope to a never ceasing round of agreeable walks. The manufacturing of glass, the operations of the state and county penitentiaries, the revolutionary relics on every hill, Mount Auburn, the University at Cambridge, the Convent ruins, the Bunkerhill Monument, the Navy Yard, at Charlestown, the splendid Gardens at Brighton and elsewhere, the Rail

Roads, the City of Boston, all within the compass of a walk, are frequently visited.

A library of a few hundred volumes, suitably adapted, many weekly and daily newspapers and a commenced cabinet of minerals afford additional means of filling up every vacant hour. At the close of each day, after tea is over, all those who are in such condition as to render their presence safe and proper, are invited to the services of evening devotion, which are held in the large oval room of the mansion house. The number of those who avail themselves of this privilege varies with the ever changing character of our inmates; it is however rarely below one half the number and reaches to three quarters. The services consist in reading a portion of the sacred writings, some proper religious reflections, a prayer with the singing of two psalms or hymns, which last exercise is assisted in by those of the patients having musical skill.

On the Sabbath all such as are in proper condition attend some of the various churches in the vicinity, according as their preferences or early habits may dictate a selection. At one church our average number of worshippers is from twelve to twenty every Sabbath, and the whole number usually abroad at public worship is perhaps about thirty.

As the motives to self control and self respect are augmented by such a participation in society as public worship amongst the world affords, I believe the course pursued here, especially as it has never yet caused the slightest inconvenience or disturbance to the religious societies which we attend, is superior for our class of patients, to having a specific chapel for the Insane. On Sunday evenings, we have a discourse to which many of those, whom it would not be deemed prudent to take abroad to church are invited.

The regulated, discriminating and cautious attention to the exercises of religion is so valuable an auxiliary to the moral means of treating diseased mind, not less from its specific influences on the heart and feelings than from its administering to the self control of the individual, that we have

rejoiced to see the experience of this Institution adopted into others.

The periodical reunions of the female patients in their sewing circle, and the occasional dancing parties at which, patients of both sexes who are well enough, with their attendants enjoy an hour or two in this innocent amusement, have been described in former reports.

Notwithstanding the immense value of all these means of interest and amusement, there is one appliance of moral treatment which has been proved immeasurably superior to all others as regards a large class of male patients. It is a systematic, regular employment in useful, bodily labor. There is probably no Institution in the world where the value of this has been more fully tested than in this. Five years since, a large carpenter's shop was fitted up, and furnished with tools and a suitable carpenter, who was also experienced in attending upon the insane was provided, and then the novel attempt was made to entrust all the sharp and dangerous instruments for working in wood in the hands of insane patients. From that day to this, some hundreds of male patients have been employed in this way, and not the slightest accident has ever occurred. The branch of employment pursued has been the manufacturing of boxes for soap, candles, ink, hats, &c., as requiring just about enough skill and dexterity to stimulate patience and ingenuity, and yet not requiring such nice workmanship as to discourage the inexperienced. Two years and a half since the cells originally provided for the security of frantic subjects were removed, and the space left, fifty feet by twenty five, fitted up for a carpenter's shop, for our own experience has satisfied us that this was henceforth to form an indispensable adjunct in our moral means.

Although the number of patients employed in the workshop has always been considerable, yet from various circumstances the profit from our mechanical labors has always been little or nothing. A result which we have not been disposed to regret, since the fact being known, no suspicion can be indulged by our inmates that any selfish mo-

tives are at the bottom of our constantly encouraging them to labor.

Some of the results of labor in this form are interesting. The class of patients whose former avocations have been the farthest removed from mechanical employments, such as merchants, lawyers, and physicians have been found amongst those most willingly and usefully interested. A certain class of melancholic and stupid subjects when once thus engaged, are almost sure to recover.

In closing this third year of his labors in a field of duty which to him has been one of unmingled enjoyment, the Superintendent cannot deny himself the satisfaction of bearing his testimony to the devoted, intelligent and conscientious co-operation which he has uniformly had from all those associated with him.

LUTHER V. BELL,

Physician and Superintendent.

McLEAN ASYLUM, }
January 1, 1840. }

STEWARD'S REPORT.

The balance of the several accounts at this Institution for
the year 1839, as follows, to wit :

Stores, - - - -	\$10,436 86	
Fuel, - - - -	1,024 10	
Stationary, - - - -	111 32	
Wages, - - - -	3,809 78	
Medicine, - - - -	206 39	
Contingencies, - - - -	494 85	
Furniture, - - - -	1,010 78	
Repairs, - - - -	1,357 09	
Improvements, - - - -	1,489 08	
Diversions, - - - -	1,035 72	
Library, - - - -	19 50	
Clothing, - - - -		198 72
Farm, - - - -		889 01
Boxes, - - - -		151 50
Excess of stores on hand Jan. 1, 1840, over those of Jan. 1, 1839, for horses, hay, &c. - - - -		1,456 04
Cost of new rooms, male wing, dome and attic, -		1,600 00
Also, very extensive repairs to the Furnaces in both wings, and building new flues, - - - -		1,000 00
Salaries, - - - -	3,000 00	5,295 27
Current expenses for the year,		18,700 20
	<hr/>	<hr/>
	\$23,995 47	\$23,995 47

COLUMBUS TYLER, *Steward.*

McLEAN ASYLUM, *January 15, 1840.*

REPORT

OF

THE SUPERINTENDENT OF THE MASSACHUSETTS GENERAL
HOSPITAL IN BOSTON, FOR THE YEAR 1839.

*Admitted at the Massachusetts General Hospital, from
January 1st, 1839, to January 1st, 1840.*

				Males.	Females.	Total.
Patients paying board,	-	-	-	128	67	195
do. do. part of time,	-		-	16	22	38
do. entirely free,	-	-	-	64	72	136
				<hr/> 208	<hr/> 161	<hr/> 369

Discharged during the same period.

						Males.	Females.	Total.
Well,	-	-	-	-	-	75	53	128
Much relieved,	-	-	-	-	-	41	37	78
Relieved,	-	-	-	-	-	45	37	82
Not relieved,	-	-	-	-	-	16	24	40
Dead,	-	-	-	-	-	12	7	19
Unfit,	-	-	-	-	-	1	4	5
Eloped,	-	-	-	-	-	1	0	1
Convalescent,	-	-	-	-	-	3	3	6
Not treated,	-	-	-	-	-	1	0	1
						<hr/> 195	<hr/> 165	<hr/> 360

Proportion of Deaths to the whole number of results—
1 in 19.

				Private rooms.	Ward paying.	Free.	In the whole house.
Greatest number of patients at any one visit,	-	-	-	5	27	26	56
Least do. do.				0	8	6	21
Average population,	-	-		21.5	17.9	19.3	39.35

Average foreign population, - - - 11.7

Proportion of ward beds occupied by free patients, about 10-19.

Average time of stay of ward-paying patients, about 3 7-10 weeks.

Average time of stay of free patients, about 5 weeks.

Analysis of Patients.

		Paying.	Free.	Paying part of time.
Males.....	Sailors, - - -	20	0	0
	Traders, Clerks, &c. -	20	4	1
	Teamsters, Hostlers, &c.	6	4	0
	Mechanics, - - -	38	18	6
	Laborers, - - -	16	22	5
	Domestics, - - -	4	5	1
	Farmers, - - -	9	1	1
	Clergyman, - - -	1	0	0
	Students, - - -	3	0	0
	Musician, - - -	0	1	1
	Gardener, - - -	0	1	0
	Minors, - - -	4	7	1
	Other occupations, -	3	0	0
	No occupation, - -	4	0	0
		<hr/>	<hr/>	<hr/>
		128	64	16
	Of these, there were in private rooms, - -	21		
Females...	Domestics, - - -	18	41	7
	Wives, - - -	25	12	3
	Seamstresses, - -	6	9	4
	Nurses, - - -	0	2	1
	Teachers, - - -	1	1	0
	Other occupations, -	2	0	2
	Minors, - - -	7	6	1
	No occupation, - -	8	1	4
		<hr/>	<hr/>	<hr/>
		67	72	22
	Of these, there were in private rooms, - -	9		

Of the free patients, 3-11 were female domestics, and about one sixth were laborers, of whom one half were Irish.

Annual Expenses for 1839.

Stores, -	-	-	-	-	\$5,017 86
Wages,	-	-	-	-	3,459 60
Fuel, -	-	-	-	-	1,499 35
Furniture,	-	-	-	-	775 18
Medicine,	-	-	-	-	947 84
Repairs,	-	-	-	-	926 15
Stationary,	-	-	-	-	98 95
Grounds,	-	-	-	-	30 54
					<hr/>
					\$12,755 47
Deduct contingent Cr. -	-	-	-	-	32 38
					<hr/>
					\$12,723 09
					<hr/>

The amount paid for board during the year, was—

To paying patients, -	-	-	3,435 92
To Treasurer for free patients board, -	-	-	3,107 57
			<hr/>
			6,543 49
			<hr/>
If from the amount of annual expense -	-	-	12,723 09
we deduct the charge for repairs, -	-	-	926 15
			<hr/>
and the balance -	-	-	\$11,796 94
be divided by 52, giving -	-	-	226 86
and this quotient by the average popu-			
lation 39.35, there results for the			
weekly expense of a patient, -	-	-	\$5 76

BENJAMIN F. PARKER,

Acting Superintendent.

OFFICERS
OF THE INSTITUTION,
1840,

EDWARD TUCKERMAN, *President.*

JONATHAN PHILLIPS, *Vice President.*

HENRY ANDREWS, *Treasurer.*

WILLIAM GRAY, *Secretary.*

TRUSTEES.

CHARLES AMORY,
WILLIAM APPLETON,
GEORGE BOND,
N. I. BOWDITCH,
MARTIN BRIMMER,
EBENEZER CHADWICK,

GEORGE M. DEXTER,
HENRY EDWARDS,
ROBERT HOOPER, JR.
THOMAS LAMB,
FRANCIS C. LOWELL,
ROBERT G. SHAW.

VISITING PHYSICIANS.

JACOB BIGELOW, M. D., ENOCH HALÈ, M. D.,
JOHN B. S. JACKSON, M. D.

VISITING SURGEONS.

JOHN C. WARREN, M. D., GEORGE HAYWARD, M. D.,
SOLOMON D. TOWNSEND, M. D.

ASSISTANT PHYSICIAN.

HENRY I. BOWDITCH, M. D.

CONSULTING PHYSICIANS.

JAMES JACKSON, M. D., JOHN RANDALL, M. D., GEORGE C.
SHATTUCK, M. D., JOHN HOMANS, M. D.

The McLean Asylum for the Insane.

THE MASSACHUSETTS GENERAL HOSPITAL was incorporated in 1811. It consists of two departments, the Hospital in Boston and the McLean Asylum for the Insane, a mile from the City, near the village of East Cambridge. Both departments are under the management of a Board of twelve Trustees and the inspection of a Board of five Visitors. The latter is composed of the Governor, Lieutenant-Governor, President of the Senate, Speaker of the House of Representatives and the Chaplains of the two Houses. The Trustees serve gratuitously, and are annually chosen—eight by the contributors authorized to vote, and four by the Board of Visitors. A Committee of the Trustees visit the Asylum every week, to inspect the buildings, and see that proper care and attention are bestowed upon the patients.

Since the opening of the Asylum in 1818, more than 1,700 patients have been received, its average number of inmates is at present about 100.

The Trustees have also recently determined to receive patients of both sexes whose disease is of so long standing or of such nature as to forbid the expectation of cure, for the purposes of safe custody, ameliorated condition and relief of friends, to as great an extent as can be done without interfering with the reception of curable cases. An equivalent for the actual expenditure will be expected in all cases received for continued residence.

The weekly rate of Board, including every charge for subsistence, attendance, medical aid, &c., is fixed by the Visiting Committee of the Trustees, in view of the circumstances of each case, regard being had to the pecuniary ability of the patient and his friends. In no case, however, residing without the limits of this Commonwealth, is the rate less than \$4,50 per week, nor to any inhabitant of Massachusetts less than \$3,00.

By a clause in the bond it will be noticed that in case of removal of a patient in less than a quarter, uncured, and against the advice of the Physician, board will be charged for an entire quarter;—if recovered before the expiration of a quarter, board for actual residence only is expected. This course was adopted several years since, not to intimate that so short a period as three

months is deemed sufficient time for trial, in ordinary cases, but to save the Institution from discredit and needless disturbance, and the friends of patients from useless expense and disappointment, occasioned by removals after a few days.

It is desirable that all such stratagem or deception to induce patients to leave home as will be discovered on their arrival, should be scrupulously avoided. It is difficult to obtain that degree of the sufferer's confidence essential to a proper influence over him, where any suspicion or prejudice against the Asylum is thus fixed in the mind. Better use force than deception, where persuasion fails.

The universal experience of Institutions for the Insane shews that the visits of friends, almost without exception, do great injury to the insane under curative treatment. Old and painful associations are revived, and new trains of thought and interest which it has been labored to excite, are in an instant overthrown by the interviews of friends however judiciously managed. Hence, while accurate information may always be obtained by writing or calling at the Asylum, it is considered at the discretion of the Superintendent to decline visits to any patient, when he may judge proper.

It is desired that the best wearing apparel of patients should be sent with them, as at a proper stage of the disease, when they are allowed to walk and ride out, attend meeting, &c., suitable clothing is necessary to sustain the self-respect of the individual, and of course an important consideration.

Application for admission of patients may be made to either of the Trustees in Boston, or to DR. BELL, *Physician and Superintendent* of the Asylum; if by letter to him, direct to *Charlestown, Mass.*

QUERIES.

Relatives or Guardians, with the assistance of a Physician who is acquainted with the case, are requested to annex precise answers to as many of the following questions as are applicable.

QUERIES.

ANSWERS.

1 What is the patient's age?

Married or single? Number of children, if any?

2 Employment, and reputed pecuniary circumstances?

3 What were the first evidences of mental derangement?

QUERIES.

ANSWERS.

- 4 What changes have occurred in the mental or bodily condition since the attack?
- 5 Does the disease appear increasing, declining, or stationary?
- 6 Is deranged mind evinced indifferently on various subjects, or chiefly on a few or single one? Mention particularly any permanent hallucination or mental deception?
- 7 Are there any periodical exacerbations or improvements? Any entirely rational intervals?
- 8 Has suicide or other self-injury been attempted? In what manner? Is the propensity now active?
- 9 Has any disposition to injure others been evinced? If so, was it premeditated or in a sudden passion?
- 10 Is there a disposition to tear clothes, break glass, &c.? to filthiness of person and habits?
- 11 Has any restraint or confinement been employed, and if so, what kind?
- 12 Has there been any former attack? When, and of how long duration?
- 13 What connections, including grandparents and cousins, have been insane?
- 14 Before the accession of insanity, what were any remarkable peculiarities or eccentricities in the patient's disposition, temper, deportment, habits, or pursuits? Mention, especially, predominant passions, religious impressions, any kind of habitual intemperance, as the use of ardent spirits, tobacco, &c.
- 15 The history of any bodily disease, the suppression of evacuations, eruptions, sores, epilepsy, palsy, injuries, &c., which may have a bearing on this attack?
- 16 What are considered, amongst friends and neighbors, to have been the causes of the derangement?
- 17 What curative means have been pursued, and the effect? Mention, especially, whether depletion by blood-letting, leeches, cathartics, low diet, &c., has been employed, and to what extent?

CERTIFICATE AND APPLICATION.

I hereby certify that _____ of _____ is insane.
Physician.

I request that the above-named insane person may be admitted as a patient into the McLean Asylum for the Insane.

_____, 18 ____.

This should be signed by the guardian or nearest relative or friend of the applicant, stating the relationship after the signature.

OBLIGATION.

In consideration of _____ being admitted a patient into the McLean Asylum for the Insane, at my request, I, _____ of _____ promise the Massachusetts General Hospital to pay the Treasurer thereof, at said Asylum, quarterly, on the first days of January, April, July and October, with interest after said days respectively, the rate of board determined by the Trustees of said Hospital and stated in the order of admission hereunto affixed, to provide or pay for all requisite clothing or other things necessary or proper for the health and comfort of said patient, to remove said patient when discharged, to reimburse funeral expenses in case of death, and if removed uncured, against the advise and consent of the Superintendent before the expiration of three calendar months, to pay board for thirteen weeks.

I also agree to pay for all damages, not exceeding One Hundred Dollars, which may be done by said patient to the property of said Hospital, and the board and wages of a special attendant in case the Superintendent should deem one necessary, and reasonable expenses in case of elopement.

WITNESS my hand this _____ day of _____ 18 ____

I _____ of _____ for the consideration above stated, guarantee the performance of the above obligation.

ORDER OF ADMISSION.

To the Superintendent of the McLean Asylum for the Insane.

Receive the above-named patient, if brought within two weeks from date, at _____ dollars, _____ cents per week.

Visiting Committee.

The obligation is to be signed by responsible persons as principal and surety;—if from a distance, and unknown, a certificate from the Selectmen, or other satisfactory evidence of sufficient ability, must accompany the bond.